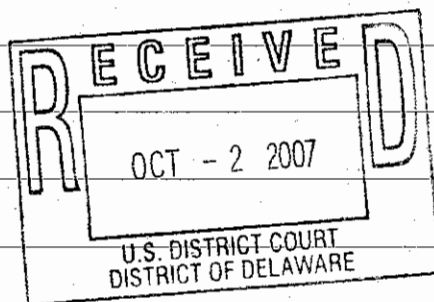


MOTION TO AMEND

Affidavit

I PAUL J. SMITH SR. BEING DULY SWORN, DEPOSES AND SAYS:
I'm PAUL SMITH 149003, WAS FOUND LAYING ON THE FLOOR
UNCONSCIOUS INSIDE W-BUILDING I-TEN ON 9-20-07, WITH
DIFFICULTIES WITH OXYGEN, CHEST PAIN, HEADACHES AND OTHER
DIFFICULTIES, BREATHING, MR. SMITH, WAS IN A LIFE-THREATENING
SITUATION, AND COULD HAVE DIED IF WASN'T FOUND BY
STAFF OFFICERS, MR. SMITH, WAS BELIEVED TO BEING
UNCONSCIOUS FOR ABOUT 1/2 HART OF AN HOUR, TOO LONG
1 HOUR BEFORE NOTICED BY STAFF OFFICERS, AND
MEDICAL AROUND 11:15 AM TO ABOUT 12:15 PM,
HOWEVER, MR SMITH, HAVE BEEN PUT IN A DANGEROUSLY
SITUATION BY THE REFUSAL(S) FROM MEDICAL DOCTORS
AND NURSES WITH (CMS) MEDICAL STAFF HERE AT THE
DELAWARE CORRECTIONAL CENTER NEAR SMYRNA, DE 19777
REFUSED ASTHMA BREATHING, TREATMENTS, FOR OXYGEN,
GOTTEN SO BAD UNTIL HE COLLAPSED, 911 WAS CALLED
MR. SMITH, TAKEN OUT BY PARAMEDICS, TRANSPORTED
TO KENT GENERAL HOSPITAL FOR DIFFICULTIES,



Paul Smith 149003
Sept. 27th 2007
W-Building I-24
TOP BUNK

FORM #585

MEDICAL GRIEVANCE

FACILITY: DELAWARE CORRECTIONAL CENTER
INMATE'S NAME: PAUL J Smith Sr
HOUSING UNIT: W-I-24 Top Buck

DATE SUBMITTED: 09-22-07
SBI#: 00142003
CASE #: _____

DATE 9-21-07 SECTION #1

DATE & TIME OF MEDICAL INCIDENT: 1:15pm To 3:40pm

TYPE OF MEDICAL PROBLEM:

Yo RABON, WAS VERY UPSET WITH MEDICAL STAFF DOCTORS AND NURSES FOR REFUSING ME MY ASTHMA TREATMENT ON 9-21-07. THE TIME WAS 3:40pm WHEN THEY WERE FORCED BY Yo RABON, TO LET ME GET MY ASTHMA TREATMENT AFTER SITTING UP TO MEDICAL AWAITING TREATMENTS FOR 2hrs. AND WHILE WAITING THE PAIN IN MY CHEST WAS GETTING GREATER, HOWEVER, MEDICAL STAFF, KNOW IF I'AM NOT RECEIVING OXYGEN I WILL DIE,

GRIEVANT'S SIGNATURE:



DATE:

Sept, 22nd 2007

ACTION REQUESTED BY GRIEVANT:

HAVE MEDICAL STAFF DOCTORS AND NURSES STOP PLAYING GAMES WITH MY LIFE. WITHIN THERE HANDS OF MY HEALTH CARE, NEEDED. THIS HAS CAUSED MEDICAL MENTAL ILLNESS UPON ME.

DATE RECEIVED BY MEDICAL UNIT: _____

START DATE 5-24-07

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Paul Smith Sr. W-Building I-24

Name (Print)

Housing Location

7-15-581420039-22-2007

Date of Birth

SBI Number

Date Submitted

Complaint (What type of problem are you having)? High Blood Pressure, Hip Pain,
NECK PAIN, BACK PAIN, LEFT ARM, AND SHOULDER PAIN,
WEIGHT LOSS, AND NOW HAVING A LITTLE MEMORY LOSS, MAYBE FROM
BEING UNCONSCIOUS BY MY ASTHMA ATTACK.

[Signature]
 Inmate Signature

Sept. 22nd 2007
 Date

The below area is for medical use only. Please do not write any further.

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Provider Signature & Title

Date & Time

FORM #585

MEDICAL GRIEVANCE

FACILITY: DELAWARE CORRECTIONAL CENTER
INMATE'S NAME: PAUL J. SMITH SR.
HOUSING UNIT: W-Building I-24 Top Bunk

DATE SUBMITTED: 9-20th 2007
SBI#: 00142003
CASE #: _____

SECTION #1

DATE & TIME OF MEDICAL INCIDENT: 9-19-07 9:00AM

TYPE OF MEDICAL PROBLEM:

Sick Call Appt. Blood pressure check High 150 over 98
Chest pain, AND Difficulties with Asthma Can't Breathe
Good, AND Having Headache(s),

GRIEVANT'S SIGNATURE: _____

DATE: 9-20-2007

ACTION REQUESTED BY GRIEVANT: _____

LET ME HAVE MY ASTHMA Breathing
TREATMENT(S), WHEN NEEDED for MY Asthma, Please,

DATE RECEIVED BY MEDICAL UNIT: _____

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

PAUL Smith SR. W-Building I-24
Name (Print) Housing Location
7/15/1958 140023 9/16/2007
Date of Birth SBI Number Date Submitted

Complaint (What type of problem are you having)? Developing HEART DISEASE
WOULD LIKE CHOLESTEROL LOWERING MEDICATIONS FOR
HEART HEALTH.

[Signature]
Inmate Signature

Sept. 16th 2007
Date

The below area is for medical use only. Please do not write any further.

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Provider Signature & Title

Date & Time

3/1/99 DE01

FORM#:

MED

263

**DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

PAUL SMITH SR.

W-Building I-24

7-15-1958
Date of Birth

140003
SBI Number

9-15-2007
Date Submitted

Complaint (What type of problem are you having)? I RECEIVED MEDICATION TONIGHT AT 5:40 PM
BY NURSE BOB. AT THIS TIME, I ASKED HIM WHY DO HE DENIED ME ASTHMA
TREATMENT(S). WHEN I AM HAVING ASTHMA ATTACK(S), HE SAID PAUL, YOU DO NOT
HAVE A ORDER FOR IT, REGARDLESS I NEED AIR WAY OPEN.

Paul Smith
Inmate Signature

Sept 15th 2007
Date

The below area is for medical use only. Please do not write any further.

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Pulse: _____

Resp: _____

B/P: _____

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Provider Signature & Title

Date & Time

FORM #585

MEDICAL GRIEVANCE

FACILITY: Delaware Correctional Center
 INMATE'S NAME: PAUL Smith Sr.
 HOUSING UNIT: W-Building I-24

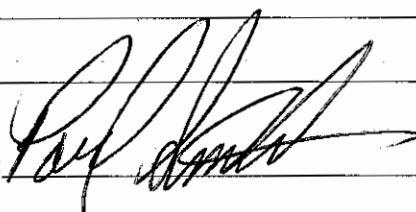
DATE SUBMITTED: 9-14-07
 SBI#: 00148003
 CASE #: _____

Sept. 14th 2007
 SECTION #1

DATE & TIME OF MEDICAL INCIDENT: 7:30 PM

TYPE OF MEDICAL PROBLEM:

Nurse Bob 4 to 12 shift refused me ASTHMA TREATMENTS
 This has been an ongoing problem for the last two (2) mos.
 With Nurse Bob, denying me treatments for my ASTHMA,
 I'm being racial discriminated against by Medical Staff,
 Nurse Bob, only due to the fact I am Black.

GRIEVANT'S SIGNATURE: DATE: Sept. 14th 2007

ACTION REQUESTED BY GRIEVANT:

Would like action taken towards
this matter of being discriminated against, and
being refused medical care by DCC Medical Staff,

DATE RECEIVED BY MEDICAL UNIT: _____

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL
GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

PAUL Smith Sr. W-Building I-24
Name (Print) Housing Location
7/15/58 142003 9/12/2007
Date of Birth SBI Number Date Submitted

Complaint (What type of problem are you having)?

CHEST PAIN AROUND
MY HEART

Paul Smith
Inmate Signature

Sept. 12th 2007
Date

The below area is for medical use only. Please do not write any further.

S:

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Pulse: _____

Resp: _____

B/P: _____

WT: _____

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E:

Provider Signature & Title

Date & Time